



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE  
COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

1. Committee I.D. Number

14074

2. Committee Name

Tom Hickner for County Executive

5. Committee's Mailing Address

Tom Hickner  
PO Box 403  
Bay City, MI 48707-0403

Area Code and Phone (989) 667-4125

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

7. Treasurer's Business Address

J & K Income Tax Service  
1604 22nd St.  
Bay City, MI 48708

Area Code and Phone (989) 892-2563

3. This Statement covers From:

01/01/08 to 07/21/08

4. Candidate Last Name

Hickner

First Name

Thomas

M.I.

L.

4a. Office Sought Including District # or Community Served (If applicable)

County Executive

4b. County of Residence Bay County

6. Treasurer's Name & Residential Address

Ken Grzegorzczuk  
2889 Queen Annes Ct.  
Bay City, MI 48706

Area Code & Phone (989) 684-4985

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

Marie A. Hayes  
114 N. Sheridan St.  
Bay City, MI 48708

Area Code and Phone (989) 892-3986

**9. TYPE OF STATEMENT**

9a. ☒ Pre-Election

OR

9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

☒ Primary

☐ General

☐ Convention

☐ School

☐ Special

☐ Caucus

Date of Election, Convention or Caucus

08/05/08

9c. ☐ Annual Statement ( \_\_\_\_\_ Coverage Year)

9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e. ☐ Dissolution of Candidate Committee

Effective Date of Dissolution

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper Marie A. Hayes

Type or Print Name

Signature

Date 7-23-08

Candidate Thomas L. Hickner

Type or Print Name

Signature

Date 7-23-08



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number 14074

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

2. Committee Name Tom Hickner for County Executive

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>8,180.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>\$8,180.00</u>	(18.) \$ <u>\$21,680.00</u>
<b>4. Other Receipts (Schedule 1A -1, Column 6)</b>	(4.) \$	<u>\$25.00</u>	(19.) \$ <u>\$25.00</u>
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$	<u>\$8,205.00</u>	(20.) \$ <u>\$21,705.00</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>			
<b>6. In-Kind Contributions (Schedule 1-IK, Column 7)</b>	(6.) \$	<u>\$1,021.00</u>	(21.) \$ <u>\$4,555.94</u>
<b>7. In-Kind Expenditures (Schedule 1B-IK, Column 6)</b>	(7.) \$	<u>\$0.00</u>	(22.) \$ <u>\$0.00</u>
<b>EXPENDITURES</b>			
<b>8. Expenditures</b>			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>\$2,506.90</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u>\$0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u>\$0.00</u>	
<b>9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)</b>	(9.) \$	<u>\$2,506.90</u>	(23.) \$ <u>\$6,316.44</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)			
<b>10. Disbursements</b>			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u>\$3,322.90</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u>\$0.00</u>	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$	<u>\$3,322.90</u>	(24.) \$ <u>\$9,807.51</u>
<b>DEBTS AND OBLIGATIONS</b>			
<b>12. Debts and Obligations</b>			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>\$0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u>\$0.00</u>	
<b>BALANCE STATEMENT</b>			
<b>13. Ending Balance of last report filed</b> (Enter zero if no previous reports have been filed.)	(13.) \$	<u>\$3,046.29</u>	
<b>14. Amount received during reporting period</b> (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>\$8,205.00</u>	
<b>15. SUBTOTAL Add lines 13 and 14</b>	(15.) = \$	<u>\$11,251.29</u>	
<b>16. Amount expended during reporting period</b> (Add lines 9 and 11)	(16.) - \$	<u>\$5,829.80</u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$	<u>\$5,421.49</u>	*



**ITEMIZED OTHER RECEIPTS  
SCHEDULE 1A-1**

**CANDIDATE COMMITTEE**

1. Committee I.D. Number 14074

2. Committee Name Tom Hickner for County Executive

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name & Address: <b>MIDCO 38134 SARNETTE CLINTON TWP MI 48036</b>	Date of Receipt <u>01/01/08</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input checked="" type="checkbox"/> Other (Specify) <u>2005 DUES</u>	\$ <u>25.00</u>
Receipt #2 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____
Receipt #3 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____
Receipt #4 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____
Receipt #5 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____
Receipt #6 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____
Receipt #7 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____
Page Subtotal			\$25.00
Grand Total of All Schedules 1A -1 (Complete on last page of Schedule)			\$25.00



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A**

**CANDIDATE COMMITTEE**

1. Committee I.D. Number 14074

2. Committee Name Tom Hickner for County Executive

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>02/05/08</u> Name & Address: <u>James M Reid</u> <u>919 N Water St</u> <u>Bay City MI 48708</u>		\$ <u>10</u>	\$ <u>60</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/14/08</u> Name & Address: <u>James M Reid</u> <u>919 N Water St</u> <u>Bay City MI 48708</u>		\$ <u>35</u>	\$ <u>95</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>02/05/08</u> Name & Address: <u>Marty Fitzhugh</u> <u>3077 Oakwood</u> <u>Bay City MI 48706</u>		\$ <u>10</u>	\$ <u>210</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Corporation Counsel</u> Employer <u>Bay County</u> Business Address <u>515 Center Ave Bay City MI 48708</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/13/08</u> Name & Address: <u>Marty Fitzhugh</u> <u>3077 Oakwood</u> <u>Bay City MI 48706</u>		\$ <u>100</u>	\$ <u>310</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Corporation Counsel</u> Employer <u>Bay County</u> Business Address <u>515 Center Ave Bay City MI 48708</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal **\$155.00**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 14074  
2. Committee Name Tom Hickner for County Executive

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>02/05/08</u> Name & Address: <b>MIKE &amp; ANDREA STUDDERS</b> <b>215 AMES ST</b> <b>BAY CITY MI 48708</b>		\$ <u>20</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>02/05/08</u> Name & Address: <b>STEVE KESSLER</b> <b>22 CENTER CT</b> <b>BAY CITY MI 48708</b>		\$ <u>10</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>02/05/08</u> Name & Address: <b>MIKE GRAY</b> <b>5009 S FRASER RD</b> <b>BAY CITY MI 48706</b>		\$ <u>10</u>	\$ <u>210</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ADM SERVICES DIR</u> Employer <u>BAY COUNTY</u> Business Address <u>515 CENTER AVE BAY CITY 48708</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/13/08</u> Name & Address: <b>MIKE &amp; SALLY GRAY</b> <b>5009 S FRASER RD</b> <b>BAY CITY MI 48706</b>		\$ <u>100</u>	\$ <u>310</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ADM SERVICES DIR</u> Employer <u>BAY COUNTY</u> Business Address <u>515 CENTER AVE BAY CITY 48708</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal **\$140.00**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 14074  
2. Committee Name Tom Hickner for County Executive

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>02/05/08</u> Name & Address: <b>LYNN STAMIRIS</b> <b>2203 CARROLL RD</b> <b>BAY CITY MI 48708</b>		\$ <u>10</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/13/08</u> Name & Address: <b>DON &amp; BRANDY TILLY</b> <b>617 GREEN AVE</b> <b>BAY CITY MI 48708</b>		\$ <u>20</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>02/05/08</u> Name & Address: <b>DON &amp; BRANDY TILLY</b> <b>617 GREEN AVE</b> <b>BAY CITY MI 48708</b>		\$ <u>35</u>	\$ <u>55</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>02/05/08</u> Name & Address: <b>CHRISTINA LANDSTROM</b> <b>4025 BARD RD</b> <b>BEAVERTON MI 48612</b>		\$ <u>20</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal **\$85.00**

Grand Total of All Schedules 1A  
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**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A**

**CANDIDATE COMMITTEE**

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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>02/05/08</u> Name & Address: <b>JERRY &amp; WANDA SOMALSKI</b> <b>1147 PINE RD</b> <b>ESSEXVILLE MI 48732</b>		\$ <u>50</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>02/05/08</u> Name & Address: <b>DICK &amp; MARILYN SOMALSKI</b> <b>1630 N SE BOUTELL</b> <b>ESSEXVILLE MI 48732</b>		\$ <u>50</u>	\$ <u>170</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER/OPERATOR</u> Employer <u>BAY LANDSCAPE</u> Business Address <u>1630 N SE BOUTELL ESSEXVILLE</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/17/08</u> Name & Address: <b>DICK &amp; MARILYN SOMALSKI</b> <b>1630 N SE BOUTELL</b> <b>ESSEXVILLE MI 48732</b>		\$ <u>50</u>	\$ <u>220</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER/OPERATOR</u> Employer <u>BAY LANDSCAPE</u> Business Address <u>1630 N SE BOUTELL ESSEXVILLE</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>02/05/08</u> Name & Address: <b>ROBERT &amp; KIM HORNER</b> <b>3012 COVENTRY DR</b> <b>BAY CITY MI 48706</b>		\$ <u>10</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal **\$160.00**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

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**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 14074  
2. Committee Name Tom Hickner for County Executive

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>02/05/08</u> Name & Address: <b>MIKE BUDA</b> <b>526 HANDY DR</b> <b>BAY CITY MI 48706</b>		\$ <u>10</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>02/05/08</u> Name & Address: <b>KEN PETERSEN</b> <b>3058 LANTERN CT</b> <b>BAY CITY MI 48706</b>		\$ <u>10</u>	\$ <u>210</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PERSONNEL DIR</u> Employer <u>BAY COUNTY</u> Business Address <u>515 CENTER AVE BAY CITY 48708</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/13/08</u> Name & Address: <b>KEN PETERSEN</b> <b>3058 LANTERN CT</b> <b>BAY CITY MI 48706</b>		\$ <u>100</u>	\$ <u>310</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PERSONNEL DIR</u> Employer <u>BAY COUNTY</u> Business Address <u>515 CENTER AVE BAY CITY 48708</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>02/05/08</u> Name & Address: <b>SCOTT &amp; NANCY CARMONA</b> <b>5757 S TWO MILE</b> <b>BAY CITY MI 48706</b>		\$ <u>20</u>	\$ <u>220</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>SUNRISE NATIONAL DIST</u> Business Address <u>6004 WESTSIDE SAG RD BAY CITY 48706</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal **\$140.00**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.





**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 14074  
2. Committee Name Tom Hickner for County Executive

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>02/05/08</u> Name & Address: <b>TIM KELLY</b> <b>2152 6TH ST</b> <b>BAY CITY MI 48708</b>		\$ <u>10</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/13/08</u> Name & Address: <b>TIM &amp; PAM KELLY</b> <b>2152 6TH ST</b> <b>BAY CITY MI 48708</b>		\$ <u>70</u>	\$ <u>80</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>02/05/08</u> Name & Address: <b>RYAN CAMPBELL</b> <b>1604 MARSAC ST</b> <b>BAY CITY MI 48708</b>		\$ <u>10</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>02/05/08</u> Name & Address: <b>HEATHER BAUMAN-BYCE</b> <b>3461 E N UNION</b> <b>BAY CITY MI 48706</b>		\$ <u>10</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal **\$100.00**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 14074  
2. Committee Name Tom Hickner for County Executive

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>04/07/08</u> Name & Address: <b>MICHAEL &amp; LYNN LOCKWOOD</b> <b>4514 AUTUMN RIDGE</b> <b>SAGINAW MI 48603</b>		\$ <u>20</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/24/08</u> Name & Address: <b>CHARLES &amp; JUDY BRUNNER</b> <b>208 E MURPHY ST</b> <b>BAY CITY MI 48706</b>		\$ <u>35</u>	\$ <u>105</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MAYOR</u> Employer <u>BAY CITY</u> Business Address <u>CITY HALL WASHINGTON AVE BAY CITY</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/13/08</u> Name & Address: <b>DON &amp; RITA HARE</b> <b>2920 BLUEBERRY PL</b> <b>SAGINAW MI 48603</b>		\$ <u>35</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>02/29/08</u> Name & Address: <b>JAMES G HELLER</b> <b>PO BOX 706</b> <b>AU GRES MI 48703</b>		\$ <u>35</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal **\$125.00**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 14074  
2. Committee Name Tom Hickner for County Executive

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/14/08</u> Name & Address: <b>THOMAS LAPORTE</b> <b>2230 GROVELAND</b> <b>BAY CITY MI 48708</b>		\$ <u>35</u>	\$ <u>170</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LANDLORD</u> Employer <u>SELF</u> Business Address <u>LAPORTE BLDG DOWNTOWN BAY CITY</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #2      PAC Receipt? <input checked="" type="checkbox"/> YES      4. Date of Receipt <u>03/11/08</u> Name & Address: <b>PLUMBERS &amp; STEAMFITTERS 85 PAC</b> <b>PO BOX 6547</b> <b>SAGINAW MI 48608-6547</b>		\$ <u>70</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____      Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/11/08</u> Name & Address: <b>KEITH &amp; GRETCHEN PRETTY</b> <b>608 W MAIN ST</b> <b>MIDLAND MI 48640</b>		\$ <u>35</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____      Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/16/08</u> Name & Address: <b>BRIAN REDMOND</b> <b>11 BAY SHORE DR</b> <b>BAY CITY MI 48706</b>		\$ <u>50</u>	\$ <u>135</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal **\$190.00**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 14074  
2. Committee Name Tom Hickner for County Executive

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/16/08</u> Name & Address: <b>MICHAEL ROWLEY</b> <b>1561 WEDGEWOOD PL</b> <b>ESSEXVILLE MI 48732</b>		\$ <u>35</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/25/08</u> Name & Address: <b>KEVIN STAPISH</b> <b>14 W SHARLEAR</b> <b>ESSEXVILLE MI 48732</b>		\$ <u>50</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/20/08</u> Name & Address: <b>JOHN &amp; CONSTANCE VAN POPPELEN</b> <b>3074 OAKWOOD CT</b> <b>BAY CITY MI 48706</b>		\$ <u>35</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/13/08</u> Name & Address: <b>JOHN &amp; KAREN WEST</b> <b>3314 DEARBORN</b> <b>FLINT MI 48507</b>		\$ <u>50</u>	\$ <u>85</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal **\$170.00**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 14074  
2. Committee Name Tom Hickner for County Executive

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>02/28/08</u></p> <p>Name &amp; Address: <b>GRIFFITH ACKER DVM &amp; JANE ACKER</b> <b>2420 CHIP RD</b> <b>KAWKAWLIN MI 48631</b></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct    <input type="checkbox"/> Loan from a person    <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>10</u>	\$ _____
		<a href="#">Click Here for Memo Itemization</a>	
<p>3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>02/28/08</u></p> <p>Name &amp; Address: <b>CARMELL ANDERSON &amp; JAMES HOPPENJAN</b> <b>1317 18TH ST</b> <b>BAY CITY MI 48708</b></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct    <input type="checkbox"/> Loan from a person    <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>35</u>	\$ <u>70</u>
		<a href="#">Click Here for Memo Itemization</a>	
<p>3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>02/29/08</u></p> <p>Name &amp; Address: <b>WILLIAM &amp; LAURIE BERNER</b> <b>271 DONOHUE BCH</b> <b>BAY CITY MI 48706</b></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u>      Employer <u>BERNER MEDICAL SYSTEMS INC</u> Business Address <u>1003 WOODSIDE AVE ESSEXVILLE MI 48732</u> Type of Contribution: <input checked="" type="checkbox"/> Direct    <input type="checkbox"/> Loan from a person    <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>100</u>	\$ <u>300</u>
		<a href="#">Click Here for Memo Itemization</a>	
<p>3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>02/28/08</u></p> <p>Name &amp; Address: <b>TOM BOCK &amp; KAREN TIGHE</b> <b>2123 CENTER AVE</b> <b>BAY CITY MI 48708</b></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u>      Employer <u>SELF</u> Business Address <u>701 5TH ST BAY CITY</u> Type of Contribution: <input checked="" type="checkbox"/> Direct    <input type="checkbox"/> Loan from a person    <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>70</u>	\$ <u>175</u>
		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal **\$215.00**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 14074  
2. Committee Name Tom Hickner for County Executive

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/03/08</u> Name & Address: <b>WILLIAM &amp; SALLY BOWEN</b> <b>2099 E TITTABAWASSEE</b> <b>HEMLOCK MI 48626</b>		\$ <u>50</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>02/28/08</u> Name & Address: <b>HENRY BRANDT</b> <b>986 RUSSELL RD</b> <b>BAY CITY MI 48708</b>		\$ <u>50</u>	\$ <u>150</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CORN/SOYBEAN FARM</u> Employer <u>SELF</u> Business Address <u>986 RUSSELL RD BAY CITY MI 48708</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>02/27/08</u> Name & Address: <b>DAAVID &amp; BETH COOK</b> <b>110 HART ST</b> <b>ESSEXVILLE MI 48732</b>		\$ <u>35</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>02/28/08</u> Name & Address: <b>GERALD &amp; MARY JOLAINE DESLOOVER</b> <b>3672 E MARCUS</b> <b>SAGINAW MI 48603</b>		\$ <u>100</u>	\$ <u>300</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CPA</u> Employer <u>THE REHMANN GROUP</u> Business Address <u>5800 GRATIOT SAGINAW MI</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal **\$235.00**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 14074  
2. Committee Name Tom Hickner for County Executive

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>02/29/08</u></p> <p>Name &amp; Address: <b>DORE ENTERPRISES</b> <b>PO BOX 146</b> <b>BAY CITY MI 48707-0146</b></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>DEMOLITION</u>      Employer <u>SELF</u> Business Address <u>900 TRUMAN PARKWAY BAY CITY</u> Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>100</u>	\$ <u>300</u>
<p>3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>02/29/08</u></p> <p>Name &amp; Address: <b>EDW GALLAGHER II &amp; DIANE POWERS</b> <b>28 CENTER CRT</b> <b>BAY CITY MI 48708</b></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u>      Employer <u>FRIED GALLAGHER TAYLOR &amp; ASSOC</u> Business Address <u>604 S JEFFERSON SAGINAW 48607</u> Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>50</u>	\$ <u>250</u>
<p>3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>02/27/08</u></p> <p>Name &amp; Address: <b>JAMES GEORGE</b> <b>12585 NIBLOK RD</b> <b>CHESANING MI 48616</b></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____      Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>100</u>	\$ _____
<p>3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>02/28/08</u></p> <p>Name &amp; Address: <b>WM &amp; MARY GREGORY</b> <b>264 JENNISON PL</b> <b>BAY CITY MI 48708</b></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u>      Employer <u>SELF</u> Business Address <u>GREGORY CONSTRUCTION 800 WOODSIDE BAY CITY</u> Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>50</u>	\$ <u>110</u>

Page Subtotal **\$300.00**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 14074  
2. Committee Name Tom Hickner for County Executive

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/03/08</u></p> <p>Name &amp; Address: <b>MARVIN &amp; SHIRLEY HASSO</b> <b>3220 TWO MILE RD PO BOX 867</b> <b>PINCONNING MI 48650</b></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>35</u>	\$ _____
<p>3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>02/28/08</u></p> <p>Name &amp; Address: <b>GUILLERMO HERRERA CPA</b> <b>522 N MADISON AVE</b> <b>BAY CITY MI 48708</b></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>40</u>	\$ _____
<p>3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/01/08</u></p> <p>Name &amp; Address: <b>KATHRYN HODGE</b> <b>602 W INDIANA</b> <b>BAY CITY MI 48706</b></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>35</u>	\$ _____
<p>3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/01/08</u></p> <p>Name &amp; Address: <b>HOWARD HURT DO &amp; SUSAN HURT</b> <b>607 W COTTAGE GROVE RD</b> <b>LINWOOD MI 48634</b></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>35</u>	\$ _____

Page Subtotal **\$145.00**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.





**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 14074  
2. Committee Name Tom Hickner for County Executive

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>02/28/08</u> Name & Address: <b>RALPH J ISACKSON</b> <b>6325 GOLF LAKES CRT</b> <b>BAY CITY MI 48706</b>		\$ <u>25</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>02/27/08</u> Name & Address: <b>JOSEPH &amp; SHARON JANICKE</b> <b>525 LINWOOD BCH</b> <b>LINWOOD MI 48634</b>		\$ <u>100</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/02/08</u> Name & Address: <b>RICHARD &amp; MELISSA JANKE</b> <b>272 JENNISON PL</b> <b>BAY CITY MI 48708</b>		\$ <u>50</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/01/08</u> Name & Address: <b>JOHN &amp; JUDY LORE</b> <b>253 JENNISON PL</b> <b>BAY CITY MI 48708</b>		\$ <u>100</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal **\$275.00**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
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**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 14074  
2. Committee Name Tom Hickner for County Executive

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>02/29/08</u></p> <p>Name &amp; Address:</p> <p><b>CORINNE MARTIN</b> <b>605 W OHIO ST</b> <b>BAY CITY MI 48706</b></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>10</u>	\$ _____
<p>3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/01/08</u></p> <p>Name &amp; Address:</p> <p><b>AL &amp; JOY MCFADYEN</b> <b>2220 MCKINLEY</b> <b>BAY CITY MI 48708</b></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation <u>EXEC DIR</u>      Employer <u>DELHI CHARTER TWP</u></p> <p>Business Address <u>2045 N CEDAR ST HOLT MI 48842</u></p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>35</u>	\$ <u>205</u>
<p>3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>02/28/08</u></p> <p>Name &amp; Address:</p> <p><b>DR HARRY MCGEE &amp; EVA MCGEE</b> <b>2387 MUIRHEAD DR</b> <b>BAY CITY MI 48706</b></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation <u>RETIRED</u>      Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>100</u>	\$ <u>300</u>
<p>3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>02/28/08</u></p> <p>Name &amp; Address:</p> <p><b>PATRICK D NEERING</b> <b>2214 GROVELAND RD</b> <b>BAY CITY MI 48708</b></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>50</u>	\$ <u>100</u>

Page Subtotal **\$195.00**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 14074  
2. Committee Name Tom Hickner for County Executive

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>02/29/08</u>	
Name & Address: <b>JAMES &amp; CONSTANCE PITZ</b> <b>5601 PONDVIEW</b> <b>MIDLAND MI 48640</b>		\$ <u>100</u>	\$ <u>200</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS</u> Employer <u>STRAITS CORP</u> Business Address <u>1410 S VALLEY CENTER DR BAY CITY MI 48706</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>02/28/08</u>	
Name & Address: <b>TOM &amp; MARY ANNE PUTT</b> <b>3837 GARFIELD RD</b> <b>AUBURN MI 48611</b>		\$ <u>50</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>02/28/08</u>	
Name & Address: <b>BENNETT &amp; PATTI RUBY</b> <b>2304 VINA CT</b> <b>BAY CITY MI 48708</b>		\$ <u>35</u>	\$ <u>70</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>02/28/08</u>	
Name & Address: <b>DONALD &amp; ANGELA SCHERZER</b> <b>5470 FOUR MI</b> <b>BAY CITY MI 48706</b>		\$ <u>250</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>SPICER GROUP</u> Business Address <u>230 S. WASHINGTON AVE. SAGINAW 48602</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$435.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 14074  
2. Committee Name Tom Hickner for County Executive

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/27/08</u></p> <p>Name &amp; Address: <b>GAIL &amp; CHARLES SCHMIDT</b> <b>3360 W STERLING RD</b> <b>OMER MI 48749</b></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>UNI-SERVE FIELD ASST</u> Employer <u>MEA</u> Business Address <u>PO Box 39 STANDISH MI 48658</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>50</u>	\$ <u>150</u>
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/28/08</u></p> <p>Name &amp; Address: <b>LYDIA SOLINSKI</b> <b>403 E SALZBURG RD</b> <b>BAY CITY MI 48706</b></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>35</u>	\$ <u>70</u>
<p>3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/23/08</u></p> <p>Name &amp; Address: <b>MICHAEL STODOLAK</b> <b>1206 5TH ST</b> <b>BAY CITY MI 48708</b></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>35</u>	\$ <u>70</u>
<p>3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/27/08</u></p> <p>Name &amp; Address: <b>L P VESCIO</b> <b>592 FOXBORO RD</b> <b>SAGINAW MI 48603</b></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>50</u>	\$ _____

Page Subtotal **\$170.00**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A**

**CANDIDATE COMMITTEE**

1. Committee I.D. Number 14074  
2. Committee Name Tom Hickner for County Executive

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/28/08</u> Name & Address: <b>WM &amp; CAROL WRIGHT</b> <b>1513 RAYMOND</b> <b>BAY CITY MI 48706</b>		\$ <u>10</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/05/08</u> Name & Address: <b>GEORGINA AUER</b> <b>204 PARK AVE</b> <b>BAY CITY MI 48708</b>		\$ <u>35</u>	\$ <u>70</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/09/08</u> Name & Address: <b>JOY BAKER</b> <b>6323 GOLF LAKES CT</b> <b>BAY CITY MI 48706</b>		\$ <u>50</u>	\$ <u>250</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/11/08</u> Name & Address: <b>JULIANN BOLLMAN</b> <b>306 38TH ST</b> <b>BAY CITY MI 48708</b>		\$ <u>100</u>	\$ <u>135</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR</u> Employer <u>BAY COUNTY</u> Business Address <u>520 W HAMPTON RD ESSEXVILLE</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal **\$195.00**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

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line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 14074  
2. Committee Name Tom Hickner for County Executive

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/03/08</u></p> <p>Name &amp; Address: <b>CHARLES &amp; JAN BROWN</b> <b>5625 W SPRING KNOLL DR</b> <b>BAY CITY MI 48706</b></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>25</u>	
		<a href="#">Click Here for Memo Itemization</a>	
<p>3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/13/08</u></p> <p>Name &amp; Address: <b>JOHN &amp; SALLY DECKER</b> <b>284 KILLARNEY BCH RD</b> <b>BAY CITY MI 48706</b></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>35</u>	
		<a href="#">Click Here for Memo Itemization</a>	
<p>3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/04/08</u></p> <p>Name &amp; Address: <b>LEWIS DODAK</b> <b>10459 MORSEVILLE RD</b> <b>BIRCH RUN MI 48415</b></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>35</u>	
		<a href="#">Click Here for Memo Itemization</a>	
<p>3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/10/08</u></p> <p>Name &amp; Address: <b>PHILIP &amp; NANCY ENGELHARDT</b> <b>2149 REPPUHN</b> <b>BAY CITY MI 48706</b></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>100</u>	
		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal **\$195.00**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 14074  
2. Committee Name Tom Hickner for County Executive

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/06/08</u> Name & Address: <b>JAMES FALVEY</b> <b>2088 REPPUHN DR</b> <b>BAY CITY MI 48706</b>		\$ <u>15</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/07/08</u> Name & Address: <b>HUBERT GORNEY</b> <b>490 HALE DR</b> <b>BAY CITY MI 48708</b>		\$ <u>25</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/09/08</u> Name & Address: <b>J &amp; G HORGAN</b> <b>4095 EASTPORT DR</b> <b>BRIDGEPORT MI 48722</b>		\$ <u>50</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/08/08</u> Name & Address: <b>MARTIN &amp; JACKOLYN HORNACEK</b> <b>609 GLENVIEW CT</b> <b>PINCONNING MI 48650</b>		\$ <u>50</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal **\$140.00**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

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line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 14074  
2. Committee Name Tom Hickner for County Executive

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/03/08</u> Name & Address: <b>JOHN A HOWLAND</b> <b>2110 16TH ST</b> <b>BAY CITY MI 48708</b>		\$ <u>30</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/03/08</u> Name & Address: <b>TONY KAS-MIKHA</b> <b>7620 MAPLE RD</b> <b>FRANKENMUTH MI 48734</b>		\$ <u>35</u>	\$ <u>70</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/04/08</u> Name & Address: <b>DR WALTER &amp; MARY HOWLAND</b> <b>2316 GYSIN CT</b> <b>BAY CITY MI 48708</b>		\$ <u>35</u>	\$ <u>120</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/10/08</u> Name & Address: <b>DAVID &amp; CONNIE LEROUX</b> <b>PO BOX 1324</b> <b>BAY CITY MI 48707</b>		\$ <u>100</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal **\$200.00**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.





ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 14074  
2. Committee Name Tom Hickner for County Executive

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/04/08</u></p> <p>Name &amp; Address: <b>HON JOHN &amp; JEAN LEAMING</b> <b>37 E SHARLEAR DR</b> <b>ESSEXVILLE MI 48732</b></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u>      Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>35</u>	\$ <u>105</u>
<p>3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/13/08</u></p> <p>Name &amp; Address: <b>JIM KOSKI</b> <b>2701 STARLITE DR</b> <b>SAGINAW MI 48603</b></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____      Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>35</u>	\$ _____
<p>3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/03/08</u></p> <p>Name &amp; Address: <b>BRIAN KAY</b> <b>2115 6TH ST</b> <b>BAY CITY MI 48708</b></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____      Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>35</u>	\$ _____
<p>3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/04/08</u></p> <p>Name &amp; Address: <b>FREDERICK &amp; MARY ANN MEYER</b> <b>5611 MEADOW VIEW DR</b> <b>BAY CITY MI 48706</b></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____      Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>25</u>	\$ _____

Page Subtotal **\$130.00**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 14074  
2. Committee Name Tom Hickner for County Executive

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/03/08</u> Name & Address: <b>SCOTT MCINTYRE</b> <b>1107 SAGINAW</b> <b>BAY CITY MI 48708</b>		\$ <u>35</u>	\$ <u>105</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>SELF</u> Business Address <u>MCINTYRE PROPERTY MANAGEMENT CO 1107 SAGINAW ST BAY CITY</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/09/08</u> Name & Address: <b>NANCY MCDONOUGH</b> <b>607 NURMI CT</b> <b>BAY CITY MI 48708</b>		\$ <u>35</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____      Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/10/08</u> Name & Address: <b>JOHN &amp; ANN O'BRIEN</b> <b>4687 4 MI RD</b> <b>BAY CITY MI 48706</b>		\$ <u>100</u>	\$ <u>200</u>
5. If over \$100.00 cumulative, please provide: Occupation _____      Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/03/08</u> Name & Address: <b>LEONARD &amp; MARY NORMAN</b> <b>4304 SAG A BAY DR</b> <b>AU GRES MI 48703</b>		\$ <u>100</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____      Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal **\$270.00**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page \_\_\_\_\_



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 14074  
2. Committee Name Tom Hickner for County Executive

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/08/08</u></p> <p>Name &amp; Address: <b>HON SCOTT &amp; DOREEN NEWCOMBE</b> <b>5616 FIRETHORNE DR</b> <b>BAY CITY MI 48706</b></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>35</u>	\$ _____
		<a href="#">Click Here for Memo Itemization</a>	
<p>3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/06/08</u></p> <p>Name &amp; Address: <b>DAVID &amp; VICKIE MURRAY</b> <b>4301 THREE MI RD</b> <b>BAY CITY MI 48706</b></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>100</u>	\$ _____
		<a href="#">Click Here for Memo Itemization</a>	
<p>3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/05/08</u></p> <p>Name &amp; Address: <b>THOMAS PIGGOTT OR JOHN PIGGOTT</b> <b>2379 MUIRHEAD DR</b> <b>BAY CITY MI 48706</b></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>35</u>	\$ <u>70</u>
		<a href="#">Click Here for Memo Itemization</a>	
<p>3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/09/08</u></p> <p>Name &amp; Address: <b>JANE PERKINS</b> <b>1106 HARBOR COVE</b> <b>BAY CITY MI 48706</b></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>20</u>	\$ _____
		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal **\$190.00**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 14074  
2. Committee Name Tom Hickner for County Executive

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/11/08</u></p> <p>Name &amp; Address: <b>WM &amp; BARBARA PALMER</b> <b>4512 GARFIELD RD</b> <b>AUBURN MI 48611</b></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>25</u>	\$ <u>50</u>
<p>3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/13/08</u></p> <p>Name &amp; Address: <b>RICHARD &amp; TINA PABALIS</b> <b>5431 CHRISTENA RD</b> <b>BAY CITY MI 48706</b></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>SUPERVISOR</u>      Employer <u>BAY COUNTY BLDGS &amp; GRNDS</u> Business Address <u>515 CENTER AVE BAY CITY</u> Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>35</u>	\$ <u>105</u>
<p>3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/08/08</u></p> <p>Name &amp; Address: <b>ROBERT &amp; LORI REDMOND</b> <b>201 N MOUNTAIN ST</b> <b>BAY CITY MI 48706</b></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>35</u>	\$ <u>70</u>
<p>3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/07/08</u></p> <p>Name &amp; Address: <b>KIM &amp; JOHN PRIESSNITZ</b> <b>5314 CAMPAU DR</b> <b>MIDLAND MI 48640</b></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>50</u>	\$ _____

Page Subtotal **\$145.00**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 14074  
2. Committee Name Tom Hickner for County Executive

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/06/08</u> Name & Address: <b>CHARLES PINKERTON</b> <b>1424 STRAITS DR</b> <b>BAY CITY MI 48706</b>		\$ <u>100</u>	\$ <u>200</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS</u> Employer <u>OWNER STRAITS CORP.</u> Business Address <u>1424 STRAITS DR. BAY CITY MI. 48706</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/05/08</u> Name & Address: <b>DAVID &amp; DOLORES ROGERS</b> <b>4659 DALE CT</b> <b>BAY CITY MI 48706</b>		\$ <u>100</u>	\$ <u>300</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COLUMNIST</u> Employer <u>MY BAY CITY</u> Business Address <u>509 CENTER AVE BAY CITY</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/06/08</u> Name & Address: <b>GERALD &amp; MARY RICKER</b> <b>1301 COLUMBUS AVE</b> <b>BAY CITY MI 48708</b>		\$ <u>35</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____      Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/09/08</u> Name & Address: <b>LARRY &amp; REBECCA REIMANN</b> <b>803 FLORIDA CT</b> <b>BAY CITY MI 48706</b>		\$ <u>35</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____      Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$270.00**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

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line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 14074  
2. Committee Name Tom Hickner for County Executive

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/11/08</u></p> <p>Name &amp; Address: <b>MICHAEL &amp; DIANE REGULSKI</b> 3460 FAIRWAY DR BAY CITY MI 48706</p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR</u>      Employer <u>BAY COUNTY FINANCE DEPT</u> Business Address <u>515 CENTER AVE BAY CITY</u> Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>35</u>	\$ <u>105</u>
<p>3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>02/29/08</u></p> <p>Name &amp; Address: <b>MITCHELL &amp; JEANETTE SINGER</b> 6734 EDINBOROUGH WEST BLOOMFIELD MI 48322</p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____      Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>100</u>	\$ _____
<p>3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/10/08</u></p> <p>Name &amp; Address: <b>THOMAS SCHINDLER</b> 261 E TOWNLINE RD AUBURN MI 48611</p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____      Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>35</u>	\$ _____
<p>3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/10/08</u></p> <p>Name &amp; Address: <b>ROBERT SAROW</b> 1111 N WATER ST UNIT 201 BAY CITY MI 48708</p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____      Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>35</u>	\$ _____

Page Subtotal **\$205.00**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

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line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 14074  
2. Committee Name Tom Hickner for County Executive

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution #1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/04/08</u></p> <p>Name &amp; Address: <b>PAUL &amp; PEGGY ROWLEY</b> <b>PO BOX 1115</b> <b>BAY CITY MI 48707</b></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>35</u>	\$ _____
<p>3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>02/29/08</u></p> <p>Name &amp; Address: <b>FRED &amp; PAMELA TODD</b> <b>776 MAPLE CREST</b> <b>FRANKENMUTH MI 48734</b></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u>      Employer <u>SELF</u> Business Address <u>776 MAPLE CREST FRANKENMUTH MI</u> Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>100</u>	\$ <u>300</u>
<p>3. Contribution #3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/04/08</u></p> <p>Name &amp; Address: <b>DR JAMES &amp; ELIZABETH STODDARD</b> <b>2316 NURMI DR</b> <b>BAY CITY MI 48708</b></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>35</u>	\$ _____
<p>3. Contribution #4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/10/08</u></p> <p>Name &amp; Address: <b>RICH STEELE</b> <b>608 N MADISON AVE</b> <b>BAY CITY MI 48708</b></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u>      Employer <u>STEELE MEMORIAL CO</u> Business Address <u>608 MADISON AVE BAY CITY</u> Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>35</u>	\$ <u>105</u>

Page Subtotal **\$205.00**

Grand Total of All Schedules 1A  
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line 3a of Summary  
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**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 14074  
2. Committee Name Tom Hickner for County Executive

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/11/08</u> Name & Address: <b>CARL &amp; DIANE SMITH</b> <b>111 SHARPE</b> <b>ESSEXVILLE MI 48732</b>		\$ <u>35</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/10/08</u> Name & Address: <b>DOUGLAS WIESCINSKI</b> <b>3128 PIKEWOOD CT</b> <b>COMMERCE TOWNSHIP MI 48382</b>		\$ <u>35</u>	\$ <u>70</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/11/08</u> Name & Address: <b>WILLIAM WEBBER</b> <b>683 S LINWOOD BCH RD</b> <b>LINWOOD MI 48634</b>		\$ <u>100</u>	\$ <u>300</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>SARGENT SAND CO</u> Business Address <u>2840 BAY RD SAGINAW MI</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/08/08</u> Name & Address: <b>TERRY &amp; DIANE WAGAR</b> <b>2696 S WESTGATE DR</b> <b>BAY CITY MI 48706</b>		\$ <u>35</u>	\$ <u>120</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>SELF EMPLOYED (RENTAL PROPERTIES)</u> Business Address <u>2696 S. WESTGATE DR. BAY CITY 48706</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal **\$205.00**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.





**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 14074  
2. Committee Name Tom Hickner for County Executive

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/08/08</u></p> <p>Name &amp; Address: <b>DEE DEE WACKSMAN</b> <b>1605 CARLA DR</b> <b>ESSEXVILLE MI 48732</b></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>35</u>	\$ <u>95</u>
<p>3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/02/08</u></p> <p>Name &amp; Address: <b>STAS YASCOLT</b> <b>422 W KITCHEN RD</b> <b>PINCONNING MI 48650</b></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u>      Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>35</u>	\$ <u>105</u>
<p>3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/06/08</u></p> <p>Name &amp; Address: <b>STEPHEN &amp; DENA WIRT</b> <b>196 ATHLONE BCH</b> <b>BAY CITY MI 48706</b></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u>      Employer <u>WIRT FINANCIAL</u> Business Address <u>909 WASHINGTON AVE BAY CITY MI 48708</u> Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>250</u>	\$ <u>550</u>
<p>3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/06/08</u></p> <p>Name &amp; Address: <b>DOUG WIRT</b> <b>3405 CORTLAND DR</b> <b>BAY CITY MI 48706</b></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u>      Employer <u>WIRT STONE PRODUCTS</u> Business Address <u>3405 CORTLAND DR BAY CITY</u> Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>100</u>	\$ <u>200</u>

Page Subtotal **\$420.00**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

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**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A**

**CANDIDATE COMMITTEE**

1. Committee I.D. Number 14074  
2. Committee Name Tom Hickner for County Executive

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/13/08</u> Name & Address: <b>DEANNE &amp; MARK BERGER</b> <b>2235 CARROLL RD</b> <b>BAY CITY MI 48708</b>		\$ <u>35</u>	\$ <u>70</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/13/08</u> Name & Address: <b>JERRY COLE</b> <b>2309 GYSIN CT</b> <b>BAY CITY MI 48708</b>		\$ <u>35</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/13/08</u> Name & Address: <b>KIM COONAN</b> <b>706 SYDNEY ST</b> <b>BAY CITY MI 48706</b>		\$ <u>35</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/13/08</u> Name & Address: <b>SANDRA COVALESKI</b> <b>683 BAY RD</b> <b>BAY CITY MI 48706</b>		\$ <u>35</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal **\$140.00**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

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line 3a of Summary  
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**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 14074  
2. Committee Name Tom Hickner for County Executive

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/13/08</u>	
Name & Address: <b>PETER D'ANGELO</b> <b>1265 NOTTINGHAM</b> <b>GROSSE POINTE PARK MI 48230</b>		\$ <u>70</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/13/08</u>	
Name & Address: <b>MARY DONNELLY</b> <b>613 GREEN AVE</b> <b>BAY CITY MI 48708</b>		\$ <u>35</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/13/08</u>	
Name & Address: <b>FREDERICK &amp; MARY DRYZGA</b> <b>110 BOEHRINGER CT</b> <b>BAY CITY MI 48708</b>		\$ <u>70</u>	\$ <u>175</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/13/08</u>	
Name & Address: <b>BRENT GOIK</b> <b>216 NICKLESS APT A-6</b> <b>FRANKENMUTH MI 48734</b>		\$ <u>35</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal **\$210.00**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 14074  
2. Committee Name Tom Hickner for County Executive

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/13/08</u> Name & Address: <b>DON &amp; MARILYN GOOD</b> <b>714 WEBB DR</b> <b>BAY CITY MI 48706</b>		\$ <u>35</u>	\$ <u>105</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/13/08</u> Name & Address: <b>RONALD GRAHAM</b> <b>115 BIRNEY</b> <b>ESSEXVILLE MI 48732</b>		\$ <u>50</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____      Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/12/08</u> Name & Address: <b>MICHAEL &amp; IDA HALSTEAD</b> <b>2157 6TH ST</b> <b>BAY CITY MI 48708</b>		\$ <u>35</u>	\$ <u>70</u>
5. If over \$100.00 cumulative, please provide: Occupation _____      Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/13/08</u> Name & Address: <b>DAN &amp; NOREEN HATTON</b> <b>1904 MOSHER ST</b> <b>BAY CITY MI 48706</b>		\$ <u>35</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____      Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal **\$155.00**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 14074  
2. Committee Name Tom Hickner for County Executive

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/13/08</u></p> <p>Name &amp; Address: <b>JAMES HOLLERBACH</b> <b>5231 PARKWAY</b> <b>BAY CITY MI 48706</b></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>35</u>	\$ <u>70</u>
<p>3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/13/08</u></p> <p>Name &amp; Address: <b>CAL &amp; MARJEAN HORNER</b> <b>5381 KASEMEYER RD</b> <b>BAY CITY MI 48706</b></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>35</u>	\$ _____
<p>3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/13/08</u></p> <p>Name &amp; Address: <b>MICHAEL JANISKEE</b> <b>5647 FIRETHORNE DR</b> <b>BAY CITY MI 48706</b></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>35</u>	\$ _____
<p>3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/13/08</u></p> <p>Name &amp; Address: <b>BARBARD KATT</b> <b>1307 MCCORMICK ST</b> <b>BAY CITY MI 48708</b></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>35</u>	\$ _____

Page Subtotal **\$140.00**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 14074  
2. Committee Name Tom Hickner for County Executive

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/13/08</u></p> <p>Name &amp; Address: <b>MARIE KURZER</b> <b>300 S LINN ST</b> <b>BAY CITY MI 48706</b></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>35</u>	\$ _____
		<a href="#">Click Here for Memo Itemization</a>	
<p>3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/13/08</u></p> <p>Name &amp; Address: <b>ESTELLE LAMB</b> <b>5231 PARKWAY</b> <b>BAY CITY MI 48706</b></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>50</u>	\$ _____
		<a href="#">Click Here for Memo Itemization</a>	
<p>3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/13/08</u></p> <p>Name &amp; Address: <b>KURT &amp; WENDY LEGNER</b> <b>308 S HAMPTON ST</b> <b>BAY CITY MI 48708</b></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>TEACHER</u>      Employer <u>BAY CITY PUB SCHOOLS</u> Business Address <u>WASHINGTON SCHOOL BAY CITY</u> Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>50</u>	\$ <u>150</u>
		<a href="#">Click Here for Memo Itemization</a>	
<p>3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/12/08</u></p> <p>Name &amp; Address: <b>JAMES &amp; NANCY LEWIS</b> <b>7292 SPRING LAKE TRAIL</b> <b>SAGINAW MI 48603</b></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>LEGISLATIVE AIDE</u>      Employer <u>CONGRESSMAN KILDEE</u> Business Address <u>515 N WASHINGTON AVE STE 401 SAGINAW</u> Type of Contribution: <input type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input type="checkbox"/> Fund Raiser</p>		\$ <u>35</u>	\$ <u>105</u>
		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal **\$170.00**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 14074  
2. Committee Name Tom Hickner for County Executive

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/13/08</u></p> <p>Name &amp; Address: <b>DEBRA LUTZ</b> <b>279 S LINWOOD BCH RD</b> <b>LINWOOD MI 48634</b></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>35</u>	\$ _____
		<a href="#">Click Here for Memo Itemization</a>	
<p>3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/11/08</u></p> <p>Name &amp; Address: <b>KEITH &amp; BARBARA MARKSTROM</b> <b>1383 N JONES</b> <b>ESSEXVILLE MI 48732</b></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>35</u>	\$ <u>70</u>
		<a href="#">Click Here for Memo Itemization</a>	
<p>3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/13/08</u></p> <p>Name &amp; Address: <b>JAN MINER</b> <b>304 W HAMPTON RD</b> <b>ESSEXVILLE MI 48732</b></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>35</u>	\$ <u>70</u>
		<a href="#">Click Here for Memo Itemization</a>	
<p>3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/11/08</u></p> <p>Name &amp; Address: <b>JAMES SCHELL</b> <b>1586 ST MARYS CT</b> <b>ESSEXVILLE MI 48732</b></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>35</u>	\$ <u>70</u>
		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal **\$140.00**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

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line 3a of Summary  
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**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 14074  
2. Committee Name Tom Hickner for County Executive

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/12/08</u></p> <p>Name &amp; Address: <b>JOSEPH &amp; JOANN SHEERAN</b> <b>1206 WILDERNESS CT</b> <b>ESSEXVILLE MI 48732</b></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>JUDGE</u>      Employer <u>CIRCIUT CRT OF BAY COUNTY</u> Business Address <u>1230 WASHINGTON AVE BAY CITY</u> Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>35</u>	\$ <u>135</u>
<p>3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/13/08</u></p> <p>Name &amp; Address: <b>MICHELLE &amp; JOEL STRASZ</b> <b>417 FILLMORE PL</b> <b>BAY CITY MI 48708</b></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____      Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>35</u>	\$ _____
<p>3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/13/08</u></p> <p>Name &amp; Address: <b>MARTIN &amp; CRYSTAL SZELIGA</b> <b>1342 W SALZBURG RD</b> <b>AUBURN MI 48611</b></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____      Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>70</u>	\$ _____
<p>3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/13/08</u></p> <p>Name &amp; Address: <b>BOB &amp; JEANNIE TRAXLER</b> <b>1760 VAN WAGONER DR</b> <b>SAGINAW MI 48638</b></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u>      Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>70</u>	\$ <u>220</u>

Page Subtotal **\$210.00**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.





**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 14074

2. Committee Name Tom Hickner for County Executive

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 Name & Address: <b>KEVIN STAPISH</b> <b>14 W SHARLEAR</b> <b>ESSEXVILLE MI 48732</b>		\$ <u>35</u>	\$ <u>85</u>
PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/29/08</u>		<a href="#">Click Here for Memo Itemization</a>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2 Name & Address: <b>SCOTT &amp; NANCY CARMONA</b> <b>5757 S TWO MILE</b> <b>BAY CITY MI 48706</b>		\$ <u>100</u>	\$ <u>320</u>
PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/01/08</u>		<a href="#">Click Here for Memo Itemization</a>	
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>SUNRISE NATIONAL DIST</u> Business Address <u>6004 WESTSIDE SAG RD BAY CITY MI 48706</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #3 Name & Address: <b>ROBERT &amp; KIM HORNER</b> <b>3012 COVENTRY DR</b> <b>BAY CITY MI 48706</b>		\$ <u>35</u>	\$ <u>45</u>
PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/13/08</u>		<a href="#">Click Here for Memo Itemization</a>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #4 Name & Address: <b>DON GOULET</b> <b>69 YORK ST</b> <b>BAY CITY MI 48708</b>		\$ <u>35</u>	\$ _____
PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/13/08</u>		<a href="#">Click Here for Memo Itemization</a>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal **\$205.00**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 14074  
2. Committee Name Tom Hickner for County Executive

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/13/08</u> Name & Address: <b>CHRIS IZWORSKI</b> <b>547 RIVER RD</b> <b>BAY CITY MI 48706</b>		\$ <u>40</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/13/08</u> Name & Address: <b>DAVE VENTRONE</b> <b>1783 MAROBA</b> <b>LINWOOD MI 48634</b>		\$ <u>35</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/13/08</u> Name & Address: <b>SALLY ENGLEHARDT</b> <b>1063 W RIDGE</b> <b>ESSEXVILLE MI 48732</b>		\$ <u>35</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/13/08</u> Name & Address: <b>JOHN DAVIDSON</b> <b>1218 MARSAC</b> <b>BAY CITY MI 48708</b>		\$ <u>35</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal **\$145.00**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 14074  
2. Committee Name Tom Hickner for County Executive

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/13/08</u>	
Name & Address: <b>JAMES MINER</b> <b>1625 ROSEMARY LN</b> <b>ESSEXVILLE MI 48732</b>		\$ <u>35</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/13/08</u>	
Name & Address: <b>SUE GANSER</b> <b>1511 WOODMERE</b> <b>BAY CITY MI 48708</b>		\$ <u>35</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/13/08</u>	
Name & Address: <b>DICK SPENCE</b> <b>417 MCCOSKRY</b> <b>SAGINAW MI 48601</b>		\$ <u>70</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/13/08</u>	
Name & Address: <b>DR MIKE &amp; DEB GRUBER</b> <b>108 BOEHRINGER CT</b> <b>BAY CITY MI 48708</b>		\$ <u>70</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal **\$210.00**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 14074  
2. Committee Name Tom Hickner for County Executive

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution #1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/13/08</u></p> <p>Name &amp; Address: <b>BILL &amp; ELAINE FOURNIER</b> <b>1020 N WATER ST</b> <b>BAY CITY MI 48708</b></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u>      Employer <u>SELF</u> Business Address <u>STEINHAUS 1108 N WATER BAY CITY 48708</u> Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>35</u>	\$ <u>120</u>
<p>3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/13/08</u></p> <p>Name &amp; Address: <b>BARB MACGREGER</b> <b>426 HURON</b> <b>LINWOOD MI 48634</b></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____      Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>35</u>	\$ _____
<p>3. Contribution #3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/13/08</u></p> <p>Name &amp; Address: <b>MIKE GRABOWSKI</b> <b>909 5TH ST</b> <b>BAY CITY MI 48708</b></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____      Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>35</u>	\$ <u>55</u>
<p>3. Contribution #4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/13/08</u></p> <p>Name &amp; Address: <b>TOM &amp; LAURA RYDER</b> <b>601 N HAMPTON</b> <b>BAY CITY MI 48708</b></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS MANAGER</u>      Employer <u>IBEW LOCAL 692</u> Business Address <u>1300 W THOMAS BAY CITY MI 48706</u> Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>70</u>	\$ <u>170</u>

Page Subtotal **\$175.00**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 14074  
2. Committee Name Tom Hickner for County Executive

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/13/08</u></p> <p>Name &amp; Address: <b>DR GERALD &amp; JANET SCHLOFF</b> <b>112 BOEHRINGER CT</b> <b>BAY CITY MI 48708</b></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>35</u>	\$ <u>85</u>
<p>3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/13/08</u></p> <p>Name &amp; Address: <b>JANE SMITH</b> <b>265 E HAMPTON RD</b> <b>ESSEXVILLE MI 48732</b></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>35</u>	\$ _____
<p>3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>04/20/08</u></p> <p>Name &amp; Address: <b>STEWART &amp; LINDA REID</b> <b>2196 OLD HICKORY DR</b> <b>BAY CITY MI 48706</b></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>20</u>	\$ _____
<p>3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/16/07</u></p> <p>Name &amp; Address: <b>DR DHANA &amp; PATRICIA SHRESTHA</b> <b>2133 HERITAGE DR</b> <b>BAY CITY MI 48706</b></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>PHYSICIAN</u>      Employer <u>SELF</u> Business Address <u>3720 KATALIN CT BAY CITY MI 48706</u> Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input type="checkbox"/> Fund Raiser</p>		\$ <u>100</u>	\$ <u>450</u>

Page Subtotal **\$190.00**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
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**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 14074  
2. Committee Name Tom Hickner for County Executive

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/13/08</u> Name & Address: <b>RALPH TREPKOWSKI</b> <b>308 N SHERMAN</b> <b>BAY CITY MI 48708</b>		\$ <u>35</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/13/08</u> Name & Address: <b>HOWARD &amp; JULIE WETTERS</b> <b>1866 WETTERS RD</b> <b>KAWKAWLIN MI 48631</b>		\$ <u>50</u>	\$ <u>250</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR MSU</u> Employer <u>MICH STATE UNIV</u> Business Address <u>515 CENTER AVE BAY CITY</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt _____ Name & Address: _____ _____ _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt _____ Name & Address: _____ _____ _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal \$85.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

**\$8180.00**

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# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

1. Committee I. D. Number 14074

2. Committee Name Tom Hickner for County Executive

### CANDIDATE COMMITTEE

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>TOM HICKNER</b> <b>4821 E WESTGATE</b> <b>BAY CITY MI 48706</b>  If over \$100.00 cumulative, please provide: Occupation: <u>COUNTY EXECUTIVE</u>  Employer Name & Business Address: <u>BAY COUNTY</u> <u>515 CENTER AVE.</u> <u>BAY CITY, MI. 48708</u>	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>CONFERENCE</u> 5. Date Of Receipt: <u>02/11/08</u> 6. Vendor Name & Address: <b>MAC-PAC RECEPTION</b> <b>LANSING MI</b>	\$ <u>30.00</u> \$	
<input type="checkbox"/> Fund Raiser Contribution			
Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>TOM HICKNER</b>  If over \$100.00 cumulative, please provide: Occupation:  Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>DONATION</u> 5. Date Of Receipt: <u>01/28/08</u> 6. Vendor Name & Address: <b>NATHAN WEIDNER FUNDRAISER</b> <b>BAY CITY MI 48706</b>	\$ <u>35.00</u> \$	
<input type="checkbox"/> Fund Raiser Contribution			
Contribution #3      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>TOM HICKNER</b>  If over \$100.00 cumulative, please provide: Occupation:  Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>POSTAGE</u> 5. Date Of Receipt: <u>01/29/08</u> 6. Vendor Name & Address: <b>POSTMASTER</b> <b>1000 WASHINGTON AVE</b> <b>BAY CITY MI 48707</b>	\$ <u>16.40</u> \$ <u>44.80</u>	
<input type="checkbox"/> Fund Raiser Contribution			

Page Subtotal      **\$81.40**      **\$44.80**

Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule)

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# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

1. Committee I. D. Number 14074

2. Committee Name Tom Hickner for County Executive

### CANDIDATE COMMITTEE

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>TOM HICKNER</b>  If over \$100.00 cumulative, please provide: Occupation:  Employer Name & Business Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>DUES</u> 5. Date Of Receipt: <u>02/12/08</u> 6. Vendor Name & Address: <b>ST GEORGE SOCIETY</b> <b>1401 S GRANT</b> <b>BAY CITY MI 48708</b>  <input type="checkbox"/> Fund Raiser Contribution	\$ <u>15.00</u> \$	
Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>TOM HICKNER</b>  If over \$100.00 cumulative, please provide: Occupation:  Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>DINNER &amp; REFRESHMENTS</u> 5. Date Of Receipt: <u>04/16/08</u> 6. Vendor Name & Address: <b>BAY CITY COUNTRY CLUB</b> <b>7255 S THREE MI RD</b> <b>BAY CITY MI 48706</b>  <input type="checkbox"/> Fund Raiser Contribution	\$ <u>209.48</u> \$	
Contribution #3      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>TOM HICKNER</b>  If over \$100.00 cumulative, please provide: Occupation:  Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>DONATION</u> 5. Date Of Receipt: <u>05/18/08</u> 6. Vendor Name & Address: <b>NAACP FREEDOM FUND DINNER</b> <b>PO BOX 355</b> <b>BAY CITY MI 48707</b>  <input type="checkbox"/> Fund Raiser Contribution	\$ <u>50.00</u> \$	

Page Subtotal **\$274.48**

Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule)

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on line 6 of Summary  
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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 14074

2. Committee Name Tom Hickner for County Executive

CANDIDATE COMMITTEE

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>TOM HICKNER</b>  If over \$100.00 cumulative, please provide: Occupation:  Employer Name & Business Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>ANNUAL MEMBERSHIP</u> 5. Date Of Receipt: <u>05/19/08</u> 6. Vendor Name & Address: <b>NAACP</b> <b>PO BOX 355</b> <b>BAY CITY MI 48707</b>	\$ <u>30.00</u>	\$
<input type="checkbox"/> Fund Raiser Contribution			
Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>TOM HICKNER</b>  If over \$100.00 cumulative, please provide: Occupation:  Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>DINNER, BARCIA, MAYES, MILES &amp; CUSHINGBERRY</u> 5. Date Of Receipt: <u>05/15/08</u> 6. Vendor Name & Address: <b>BAY CITY COUNTRY CLUB</b> <b>7255 S THREE MILE RD</b> <b>BAY CITY MI 48706</b>	\$ <u>121.57</u>	\$ <u>331.05</u>
<input type="checkbox"/> Fund Raiser Contribution			
Contribution #3      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>TOM HICKNER</b>  If over \$100.00 cumulative, please provide: Occupation:  Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>SPRING FLING TICKET</u> 5. Date Of Receipt: <u>05/09/08</u> 6. Vendor Name & Address: <b>BAY COUNTY DEM PARTY</b> <b>PO BOX 556</b> <b>PINCONNING MI 48650</b>	\$ <u>100.00</u>	\$ <u>120.00</u>
<input type="checkbox"/> Fund Raiser Contribution			

Page Subtotal **\$251.57** **\$451.05**

Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule)

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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 14074

2. Committee Name Tom Hickner for County Executive

CANDIDATE COMMITTEE

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>TOM HICKNER</b>  If over \$100.00 cumulative, please provide: Occupation:  Employer Name & Business Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>DINNER FUNDRAISER</u> 5. Date Of Receipt: <u>05/12/08</u> 6. Vendor Name & Address: <b>HERMAN MARSHALL FUND 1315 BROADWAY BAY CITY MI 48708</b>	\$ <u>22.00</u> \$	
<input type="checkbox"/> Fund Raiser Contribution			
Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>TOM HICKNER</b>  If over \$100.00 cumulative, please provide: Occupation:  Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>PRINTING &amp; POSTAGE</u> 5. Date Of Receipt: <u>04/05/08</u> 6. Vendor Name & Address: <b>ROTARY INTERNATIONAL PO BOX 42 BAY CITY MI 48707</b>	\$ <u>70.00</u> \$	
<input type="checkbox"/> Fund Raiser Contribution			
Contribution #3      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>TOM HICKNER</b>  If over \$100.00 cumulative, please provide: Occupation:  Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>BYRUM DINNER</u> 5. Date Of Receipt: <u>04/19/08</u> 6. Vendor Name & Address: <b>BAY CITY COUNTRY CLUB 7255 S THREE MI RD BAY CITY MI 48706</b>	\$ <u>57.83</u> \$ <u>388.88</u>	
<input type="checkbox"/> Fund Raiser Contribution			

Page Subtotal      **\$149.83**      **\$388.88**

Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule)

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# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

### CANDIDATE COMMITTEE

1. Committee I. D. Number 14074

2. Committee Name Tom Hickner for County Executive

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>TOM HICKNER</b>  If over \$100.00 cumulative, please provide: Occupation:  Employer Name & Business Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>DINNER FUNDRAISER</u> 5. Date Of Receipt: <u>04/19/08</u> 6. Vendor Name & Address: <b>MSU ALUMNI CLUB OF BAY COUNTY</b> <b>1020 N WATER</b> <b>BAY CITY MI 48708</b>	\$ <u>30.00</u>	
<input type="checkbox"/> Fund Raiser Contribution	Click Here for Memo Itemization		
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>TOM HICKNER</b>  If over \$100.00 cumulative, please provide: Occupation:  Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>MARILYNN PELL TRIBUTE</u> 5. Date Of Receipt: <u>02/16/08</u> 6. Vendor Name & Address: <b>MARRIOTT COURTYARD</b> <b>LANSING MI</b>	\$ <u>73.45</u>	
<input type="checkbox"/> Fund Raiser Contribution	Click Here for Memo Itemization		
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>TOM HICKNER</b>  If over \$100.00 cumulative, please provide: Occupation:  Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>NAME BADGES</u> 5. Date Of Receipt: <u>03/12/08</u> 6. Vendor Name & Address: <b>STAPLES</b> <b>4021 N EUCLID AVE</b> <b>BAY CITY MI 48706</b>	\$ <u>5.01</u>	
<input checked="" type="checkbox"/> Fund Raiser Contribution	Click Here for Memo Itemization		

Page Subtotal **\$108.46**

Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule)

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# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

1. Committee I. D. Number 14074

2. Committee Name Tom Hickner for County Executive

### CANDIDATE COMMITTEE

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in item 5)
Contribution # 1      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>TOM HICKNER</b>  If over \$100.00 cumulative, please provide: Occupation:  Employer Name & Business Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>DECORATIONS FOR FUNDRAISER</u> 5. Date Of Receipt: <u>01/27/08</u> 6. Vendor Name & Address: <b>JO ANN FABRICS</b> <b>2950 CENTER AVE</b> <b>ESSEXVILLE MI 48732</b>  Click Here for Memo Itemization	\$ <u>15.26</u> \$	
<input checked="" type="checkbox"/> Fund Raiser Contribution			
Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>TOM HICKNER</b>  If over \$100.00 cumulative, please provide: Occupation:  Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>ANNUAL MEMBERSHIP DINNER</u> 5. Date Of Receipt: <u>03/04/08</u> 6. Vendor Name & Address: <b>BAY CO LEAGUE DEM WOMEN/MEN</b> <b>1509 THIRD ST</b> <b>BAY CITY MI 48708</b>  Click Here for Memo Itemization	\$ <u>10.00</u> \$	
<input type="checkbox"/> Fund Raiser Contribution			
Contribution #3      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>TOM HICKNER</b>  If over \$100.00 cumulative, please provide: Occupation:  Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>PIZZA FOR STAFF</u> 5. Date Of Receipt: <u>02/21/08</u> 6. Vendor Name & Address: <b>STEIN HAUS</b> <b>1108 N WATER ST</b> <b>BAY CITY MI 48708</b>  Click Here for Memo Itemization	\$ <u>18.11</u> \$ <u>279.59</u>	
<input type="checkbox"/> Fund Raiser Contribution			

Page Subtotal

**\$43.37**

**\$279.59**

Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule)

Enter this total  
on line 6 of Summary  
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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 14074

CANDIDATE COMMITTEE

2. Committee Name Tom Hickner for County Executive

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>TOM HICKNER</b>  If over \$100.00 cumulative, please provide: Occupation:  Employer Name & Business Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>ANNUAL FUNDRAISER</u> 5. Date Of Receipt: <u>02/23/08</u> 6. Vendor Name & Address: <b>ALL SAINTS ATHLETIC CLUB</b> <b>820 S POWELL</b> <b>ESSEXVILLE MI 48732</b>  <input type="checkbox"/> Fund Raiser Contribution	\$ <u>50.00</u> \$	
Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>TOM HICKNER</b>  If over \$100.00 cumulative, please provide: Occupation:  Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>ANNUAL FUND RAISER</u> 5. Date Of Receipt: <u>02/24/08</u> 6. Vendor Name & Address: <b>MLK SCHOLARSHIP FUND</b> <b>1315 BROADWAY</b> <b>BAY CITY MI 48708</b>  <input type="checkbox"/> Fund Raiser Contribution	\$ <u>11.00</u> \$	
Contribution #3      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>TOM HICKNER</b>  If over \$100.00 cumulative, please provide: Occupation:  Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>FUNDRAISER</u> 5. Date Of Receipt: <u>02/27/08</u> 6. Vendor Name & Address: <b>BAY AREA COMMUNITY FOUNDATION</b> <b>703 WASHINGTON AVE</b> <b>BAY CITY MI 48708</b>  <input type="checkbox"/> Fund Raiser Contribution	\$ <u>51.00</u> \$	

Page Subtotal **\$112.00**

Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule) **\$1,021.11**

Enter this total  
on line 6 of Summary  
Page



**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number 14074  
2. Committee Name Tom Hickner for County Executive

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>POSTMASTER</b>  Address <b>1000 WASHINGTON AVE BAY CITY MI 48707</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>BOX RENT</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/15/08</u> Date	\$ <u>20.00</u>
Expenditure #2 Name <b>GATSBYS</b>  Address <b>203 CENTER AVE BAY CITY MI 48708</b>  <input checked="" type="checkbox"/> Fund Raiser	Purpose: <b>FUNDRAISER FOOD</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/19/08</u> Date	\$ <u>155.85</u>
Expenditure #3 Name <b>MIDCO</b>  Address <b>38134 SARNETTE CLINTON TWP MI 48036</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>DUES</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/25/08</u> Date	\$ <u>25.00</u>
Expenditure #4 Name <b>BAY CITY DEMOCRATIC PRESS</b>  Address <b>309 9TH ST BAY CITY MI 48708</b>  <input checked="" type="checkbox"/> Fund Raiser	Purpose: <b>TICKETS &amp; ENVELOPES</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/25/08</u> Date	\$ <u>250.16</u>
Expenditure #5 Name <b>POSTMASTER</b>  Address <b>1000 WASHINGTON AVE BAY CITY MI 48707</b>  <input checked="" type="checkbox"/> Fund Raiser	Purpose: <b>POSTAGE DUE &amp; STAMPS</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/01/08</u> Date	\$ <u>116.44</u>

Subtotal this page **\$567.45**  
Grand Total of all Schedules 1B  
(Complete on last page of Schedule)

Enter this total  
on line 8a of  
Summary Page



**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number 14074  
2. Committee Name Tom Hickner for County Executive

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>MAILROOM</b>  Address <b>3075 SHATTUCK SAGINAW MI 48603</b>  <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>BULK MAILING FOR FR</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/06/08</u> Date	\$ <u>344.57</u>
Expenditure #2 Name <b>STEIN HAUS</b>  Address <b>1108 N WATER ST BAY CITY MI 48708</b>  <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>FUNDRAISER FOOD</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/31/08</u> Date	\$ <u>1549.88</u>
Expenditure #3 Name <b>NATIONAL CITY</b>  Address <b>CENTER &amp; WASHINGTON BAY CITY MI 48708</b>  <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>RETURNED CHECK</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/13/08</u> Date	\$ <u>35.00</u>
Expenditure #4 Name <b>NATIONAL CITY</b>  Address <b>CENTER &amp; WASHINGTON BAY CITY MI 48708</b>  <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>RETURNED CHECK CHARGE</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/13/08</u> Date	\$ <u>10.00</u>
Expenditure #5 Name  Address   <input type="checkbox"/> Fund Raiser	Purpose: _____  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page **\$1,939.45**  
Grand Total of all Schedules 1B  
(Complete on last page of Schedule) **\$2,506.90**  
Enter this total  
on line 8a of  
Summary Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**INCIDENTAL OFFICE EXPENSE  
DISBURSEMENTS  
SCHEDULE 1C  
CANDIDATE COMMITTEE**  
(For use by officeholders only)

1. Committee I. D. Number 14074  
2. Committee Name Tom Hickner for County Executive

3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address: <b>FRIENDS OF CELTIC CULTURE 114 N SHERIDAN ST BAY CITY MI 48708</b>	Purpose <b>DUES/AD</b>	<b>01/04/08</b> Date	<b>\$100.00</b>
Click for Memo Itemization Type			
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>KO</u> <input type="checkbox"/> Fund Raiser		
Disbursement # 2 Name & Address: <b>CAMP FISH TALES 2177 E ERICKSON PINCONNING MI 48650</b>	Purpose <b>AD</b>	<b>01/24/08</b> Date	<b>\$40</b>
Click for Memo Itemization Type			
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>KO</u> <input type="checkbox"/> Fund Raiser		
Disbursement # 3 Name & Address: <b>BAY COUNTY CLERK 515 CENTER AVE BAY CITY MI 48708</b>	Purpose <b>FILING FEE</b>	<b>02/04/08</b> Date	<b>\$100</b>
Click for Memo Itemization Type			
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>OO</u> <input type="checkbox"/> Fund Raiser		
Disbursement # 4 Name & Address: <b>BAY COUNTY DEMOCRATIC PARTY 2341 BEAVER RD KAWKAWLIN MI 48631</b>	Purpose <b>TKT PRINTING COST</b>	<b>02/05/08</b> Date	<b>\$50</b>
Click for Memo Itemization Type			
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>KO</u> <input type="checkbox"/> Fund Raiser		
Subtotal this page			<b>\$290.00</b>
Grand Total of all Schedules 1C (Complete on last page of Schedule)			

Enter this total  
on line 10a of  
Summary Page

\*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY





MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**INCIDENTAL OFFICE EXPENSE  
DISBURSEMENTS  
SCHEDULE 1C  
CANDIDATE COMMITTEE**  
(For use by officeholders only)

1. Committee I. D. Number 14074  
2. Committee Name Tom Hickner for County Executive

3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address: <b>CHAMPPS LANSING MI</b>	Purpose <b>PELL RETIREMENT PARTY</b>	<b>02/15/08</b> Date	<b>\$500.00</b>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>FO</u> <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type	
Disbursement # 2 Name & Address: <b>TOM HICKNER 4821 E WESTGATE BAY CITY MI 48706</b>	Purpose <b>RE-IMBURSEMENT</b>	<b>02/25/08</b> Date	<b>\$96.40</b>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code _____ <input type="checkbox"/> Fund Raiser	Memo Itemization Below	
Disbursement # 3 Name & Address: <b>MAC-PAC RECEPTION LANSING MI</b>	Purpose <b>CONFERENCE</b>	<b>02/11/08</b> Date	<b>\$(30.00)</b>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>DO</u> <input type="checkbox"/> Fund Raiser	(Memo Itemization)	
Disbursement # 4 Name & Address: <b>NATHAN WEIDNER FUNDRAISER BAY CITY MI 48706</b>	Purpose <b>DONATION</b>	<b>01/28/08</b> Date	<b>\$(35.00)</b>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>GO</u> <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type	
Subtotal this page			<b>\$596.40</b>
Grand Total of all Schedules 1C (Complete on last page of Schedule)			

Enter this total  
on line 10a of  
Summary Page

\*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**INCIDENTAL OFFICE EXPENSE  
DISBURSEMENTS  
SCHEDULE 1C  
CANDIDATE COMMITTEE**  
(For use by officeholders only)

1. Committee I. D. Number 14074  
2. Committee Name Tom Hickner for County Executive

3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address: <b>POSTMASTER 1000 WASHINGTON AVE BAY CITY MI 48707</b>	Purpose <b>POSTAGE</b>	<b>01/29/08</b> Date (Memo Itemization)	<b>\$(16.40)</b>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>AO</u> <input type="checkbox"/> Fund Raiser		
Disbursement # 2 Name & Address: <b>ST GEORGE SOCIETY 1401 S GRANT BAY CITY MI 48708</b>	Purpose <b>DUES</b>	<b>02/12/08</b> Date (Memo Itemization)	<b>\$(15.00)</b>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>GO</u> <input type="checkbox"/> Fund Raiser		
Disbursement # 3 Name & Address: <b>ST PATS PARADE ASSOC 1316 BROADWAY BAY CITY MI 48708</b>	Purpose <b>AD IN PARADE BOOK</b>	<b>03/06/08</b> Date Click for Memo Itemization Type	<b>\$10.00</b>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>KO</u> <input type="checkbox"/> Fund Raiser		
Disbursement # 4 Name & Address: <b>JOHN GLENN HIGH SCHOOL 3201 KIESEL RD BAY CITY MI 48706</b>	Purpose <b>AD IN PLAYBOOK</b>	<b>03/31/08</b> Date Click for Memo Itemization Type	<b>\$50.00</b>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>KO</u> <input type="checkbox"/> Fund Raiser		
Subtotal this page			<b>\$60.00</b>
Grand Total of all Schedules 1C (Complete on last page of Schedule)			

Enter this total  
on line 10a of  
Summary Page

\*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**INCIDENTAL OFFICE EXPENSE  
DISBURSEMENTS  
SCHEDULE 1C  
CANDIDATE COMMITTEE**  
(For use by officeholders only)

1. Committee I. D. Number 14074  
2. Committee Name Tom Hickner for County Executive

3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address: BAY COUNTY FAIR & YOUTH EXPO PO BOX 633 BAY CITY MI 48707	Purpose AD IN FAIR BOOK	03/31/08 Date	\$50.00
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>KO</u> <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type	
Disbursement # 2 Name & Address: NATIONAL CITY BANK CENTER & WASHINGTON BAY CITY MI 48708	Purpose DEPOSIT SLIPS	03/14/08 Date	\$26.25
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>BO</u> <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type	
Disbursement # 3 Name & Address: MAYORS SCHOLARSHIP FUND PO BOX 556 PINCONNING MI 48650	Purpose AD & TICKET	04/13/08 Date	\$100.00
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>KO</u> <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type	
Disbursement # 4 Name & Address: TOM HICKNER	Purpose RE-IMBURSEMENT	04/16/08 Date	\$209.48
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code _____ <input type="checkbox"/> Fund Raiser	Memo Itemization Below	
Subtotal this page			\$385.73
Grand Total of all Schedules 1C (Complete on last page of Schedule)			

Enter this total  
on line 10a of  
Summary Page

\*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**INCIDENTAL OFFICE EXPENSE  
DISBURSEMENTS  
SCHEDULE 1C  
CANDIDATE COMMITTEE**  
(For use by officeholders only)

1. Committee I. D. Number 14074  
2. Committee Name Tom Hickner for County Executive

3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address: <b>BAY CITY COUNTRY CLUB</b> <b>7255 S THREE MI RD</b> <b>BAY CITY MI 487067</b>	Purpose <b>DINNER &amp; REFRESHMENTS</b>	<b>4/16/08</b> Date	<b>\$(209.48)</b>
(Memo Itemization) <i>date added w/ reimbursement 7/30/08</i>			
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>FO</u> <input type="checkbox"/> Fund Raiser		
Disbursement # 2 Name & Address: <b>MARIE HAYES</b> <b>114 N SHERIDAN</b> <b>BAY CITY MI 48708</b>	Purpose <b>RE-IMBURSE FOR STAFF DINNER/REFRESHMENTS</b>	<b>04/18/08</b> Date	<b>\$59.27</b>
Click for Memo Itemization Type			
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>FO</u> <input type="checkbox"/> Fund Raiser		
Disbursement # 3 Name & Address: <b>MICH HOUSE DEMOCRATIC FUND</b> <b>PO BOX 16193</b> <b>LANSING MI 48901</b>	Purpose <b>CAUCUS</b>	<b>04/18/08</b> Date	<b>\$250.00</b>
Click for Memo Itemization Type			
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>FO</u> <input type="checkbox"/> Fund Raiser		
Disbursement # 4 Name & Address: <b>STATE OF MICHIGAN</b> <b>LEGISLATIVE SERVICE BUREAU</b> <b>PO BOX 30036</b> <b>LANSING MI 48909</b>	Purpose <b>MICH MANUAL</b>	<b>04/25/08</b> Date	<b>\$30.00</b>
Click for Memo Itemization Type			
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>BO</u> <input type="checkbox"/> Fund Raiser		
Subtotal this page			<b>\$339.27</b>
Grand Total of all Schedules 1C (Complete on last page of Schedule)			

Enter this total  
on line 10a of  
Summary Page

\*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**INCIDENTAL OFFICE EXPENSE  
DISBURSEMENTS  
SCHEDULE 1C  
CANDIDATE COMMITTEE**  
(For use by officeholders only)

1. Committee I. D. Number 14074  
2. Committee Name Tom Hickner for County Executive

3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address: <b>NEW SOLUTIONS FUND PO BOX 9633 DETROIT MI</b>	Purpose <b>DONATION</b>	<b>05/02/08</b> Date	<b>\$25.00</b>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>IO</u> <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type	
Disbursement # 2 Name & Address: <b>BAY AREA WOMENS CENTER PO BOX 1458 3411 E MIDLAND RD BAY CITY MI 48706</b>	Purpose <b>DONATION</b>	<b>05/02/08</b> Date	<b>\$100.00</b>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>IO</u> <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type	
Disbursement # 3 Name & Address: <b>HERMAN MARSHALL CANCER FUND 1316 BROADWAY BAY CITY MI 48708</b>	Purpose <b>DONATION</b>	<b>05/12/08</b> Date	<b>\$25.00</b>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>IO</u> <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type	
Disbursement # 4 Name & Address: <b>DOUBLETREE HOTEL 1 WENONAH PARK PL BAY CITY MI 48708</b>	Purpose <b>DINNER FOR VOLUNTEERS</b>	<b>05/13/08</b> Date	<b>\$185.03</b>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>FO</u> <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type	
Subtotal this page			<b>\$335.03</b>
Grand Total of all Schedules 1C (Complete on last page of Schedule)			

Enter this total  
on line 10a of  
Summary Page

\*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**INCIDENTAL OFFICE EXPENSE  
DISBURSEMENTS  
SCHEDULE 1C  
CANDIDATE COMMITTEE**  
(For use by officeholders only)

1. Committee I. D. Number 14074  
2. Committee Name Tom Hickner for County Executive

3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address: <b>TOM HICKNER</b>	Purpose <b>RE-IMBURSEMENT</b>	<b>05/21/08</b> Date	<b>\$715.23</b>
Click for Memo Itemization Type			
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code _____ <input type="checkbox"/> Fund Raiser		
Disbursement # 2 Name & Address: <b>NAACP FREEDOM FUND DINNER PO BOX 355 BAY CITY MI 48707</b>	Purpose <b>DONATION</b>	<b>05/18/08</b> Date	<b>\$(50.00)</b>
(Memo Itemization)			
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>FO</u> <input type="checkbox"/> Fund Raiser		
Disbursement # 3 Name & Address: <b>NAACP PO BOX 355 BAY CITY MI 48707</b>	Purpose <b>ANNUAL MEMBERSHIP</b>	<b>05/19/08</b> Date	<b>\$(30.00)</b>
(Memo Itemization)			
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>MO</u> <input type="checkbox"/> Fund Raiser		
Disbursement # 4 Name & Address: <b>BAY CITY COUNTRY CLUB 7255 S 3 MILE RD BAY CITY MI 48706</b>	Purpose <b>DINNER, BARCIA, MAYES, MILES &amp; CUSHINGBERRY</b>	<b>05/15/08</b> Date	<b>\$(121.57)</b>
(Memo Itemization)			
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>FO</u> <input type="checkbox"/> Fund Raiser		
Subtotal this page			<b>\$715.23</b>
Grand Total of all Schedules 1C (Complete on last page of Schedule)			

Enter this total  
on line 10a of  
Summary Page

\*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**INCIDENTAL OFFICE EXPENSE  
DISBURSEMENTS  
SCHEDULE 1C  
CANDIDATE COMMITTEE**  
(For use by officeholders only)

1. Committee I. D. Number 14074  
2. Committee Name Tom Hickner for County Executive

3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address: BAY COUNTY DEM PARTY PO BOX 556 PINCONNING MI 48650	Purpose SPRING FLING TICKET	05/09/08 Date (Memo Itemization)	\$(100.00)
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>IO</u> <input type="checkbox"/> Fund Raiser		
Disbursement # 2 Name & Address: HERMAN MARSHALL FUND 1315 BROADWAY BAY CITY MI 48708	Purpose DINNER FUNDRAISER	05/12/08 Date (Memo Itemization)	\$(22.00)
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>FO</u> <input type="checkbox"/> Fund Raiser		
Disbursement # 3 Name & Address: ROTARY INTERNATIONAL PO BOX 42 BAY CITY MI 48707	Purpose PRINTING & POSTAGE	04/05/08 Date (Memo Itemization)	\$(70.00)
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>MO</u> <input type="checkbox"/> Fund Raiser		
Disbursement # 4 Name & Address: BAY CITY COUNTRY CLUB 7255 S 3 MILE RD BAY CITY MI 48706	Purpose BYRUM DINNER	04/29/08 Date (Memo Itemization)	\$(57.83)
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>FO</u> <input type="checkbox"/> Fund Raiser		
Subtotal this page			\$0.00
Grand Total of all Schedules 1C (Complete on last page of Schedule)			

Enter this total  
on line 10a of  
Summary Page

\*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**INCIDENTAL OFFICE EXPENSE  
DISBURSEMENTS  
SCHEDULE 1C  
CANDIDATE COMMITTEE**  
(For use by officeholders only)

1. Committee I. D. Number 14074  
2. Committee Name Tom Hickner for County Executive

3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address: MSU ALUMNI CLUB OF BAY COUNTY 1020 N WATER BAY CITY MI 48708	Purpose <u>DINNER</u>	<u>04/19/08</u> Date (Memo Itemization)	<u>\$(30.00)</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>FO</u> <input type="checkbox"/> Fund Raiser		
Disbursement # 2 Name & Address: MARRIOTT COURTYARD LANSING MI	Purpose <u>PELL TRIBUTE</u>	<u>02/16/08</u> Date (Memo Itemization)	<u>\$(73.45)</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>FO</u> <input type="checkbox"/> Fund Raiser		
Disbursement # 3 Name & Address: STAPLES 4021 N EUCLID AVE BAY CITY MI 48706	Purpose <u>NAME BADGES</u>	<u>03/12/08</u> Date (Memo Itemization)	<u>\$(5.01)</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>BO</u> <input type="checkbox"/> Fund Raiser		
Disbursement # 4 Name & Address: JO ANN FABRICS 2950 CENTER AVE ESSEXVILLE MI 48732	Purpose <u>DECORATIONS FOR FUNDRAISER</u>	<u>01/27/08</u> Date Click for Memo Itemization Type	<u>\$(15.26)</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>BO</u> <input type="checkbox"/> Fund Raiser		
Subtotal this page			<b>\$0.00</b>
Grand Total of all Schedules 1C (Complete on last page of Schedule)			

Enter this total  
on line 10a of  
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\*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY





MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**INCIDENTAL OFFICE EXPENSE  
DISBURSEMENTS  
SCHEDULE 1C  
CANDIDATE COMMITTEE**  
(For use by officeholders only)

1. Committee I. D. Number 14074  
2. Committee Name Tom Hickner for County Executive

3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address: <b>BAY CO LEAGUE OF DEM WOMEN &amp; MEN</b> <b>1509 THIRD ST</b> <b>BAY CITY MI 48708</b>	Purpose <b>ANNUAL MEMBERSHIP MEETING</b>	<b>03/04/08</b> Date (Memo Itemization)	<b>\$(10.00)</b>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>IO</u> <input type="checkbox"/> Fund Raiser		
Disbursement # 2 Name & Address: <b>STEIN HAUS</b> <b>1108 N WATER ST</b> <b>BAY CITY MI 48708</b>	Purpose <b>PIZZA FOR STAFF</b>	<b>02/21/08</b> Date (Memo Itemization)	<b>\$(18.11)</b>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code _____ <input type="checkbox"/> Fund Raiser		
Disbursement # 3 Name & Address: <b>ALL SAINTS ATHLETIC CLUB</b> <b>820 S POWELL</b> <b>ESSEXVILLE, MI 48732</b>	Purpose <b>ANNUAL FUNDRAISER</b>	<b>02/23/08</b> Date (Memo Itemization)	<b>\$(50.00)</b>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>MO</u> <input type="checkbox"/> Fund Raiser		
Disbursement # 4 Name & Address: <b>MLK SCHOLARSHIP FUND</b> <b>1315 BROADWAY</b> <b>BAY CITY MI 48708</b>	Purpose <b>FUNDRAISER</b>	<b>02/24/08</b> Date (Memo Itemization)	<b>\$(11.00)</b>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>FO</u> <input type="checkbox"/> Fund Raiser		
Subtotal this page			<b>\$0.00</b>
Grand Total of all Schedules 1C (Complete on last page of Schedule)			

Enter this total  
on line 10a of  
Summary Page

\*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**INCIDENTAL OFFICE EXPENSE  
DISBURSEMENTS  
SCHEDULE 1C  
CANDIDATE COMMITTEE**  
(For use by officeholders only)

1. Committee I. D. Number 14074  
2. Committee Name Tom Hickner for County Executive

3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address: <b>BAY AREA COMMUNITY FOUNDATION 703 WASHINGTON AVE BAY CITY MI 48708</b>	Purpose <b>FUND RAISER</b>	<u>02/27/08</u> Date (Memo Itemization)	<u>\$(51.00)</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>MO</u> <input type="checkbox"/> Fund Raiser		
Disbursement # 2 Name & Address: <b>RATTLESNAKE RICKS 708 SAGINAW ST BAY CITY MI 48708</b>	Purpose <b>PETERSEN RETIREMENT</b>	<u>06/01/08</u> Date Click for Memo Itemization Type	<u>\$212.00</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>FO</u> <input type="checkbox"/> Fund Raiser		
Disbursement # 3 Name & Address: <b>DEMOCRATIC LEADERSHIP COUNCIL 600 PENNSYLVANIA AVE SE STE 400 WASHINGTON DC 20003</b>	Purpose <b>CONFERENCE REGISTRATION</b>	<u>06/28/08</u> Date Click for Memo Itemization Type	<u>\$250.00</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>FO</u> <input type="checkbox"/> Fund Raiser		
Disbursement # 4 Name & Address: <b>HYATT REGENCY CHICAGO IL</b>	Purpose <b>DLC CONFERENCE</b>	<u>06/30/08</u> Date Click for Memo Itemization Type	<u>\$139.24</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>FO</u> <input type="checkbox"/> Fund Raiser		
Subtotal this page			<b>\$601.24</b>
Grand Total of all Schedules 1C (Complete on last page of Schedule)			<b>\$3,322.90</b>

Enter this total  
on line 10a of  
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\*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY



**FUND RAISER SCHEDULE 1F  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 14074  
2. Committee Name Tom Hickner for County Executive

**- USE A SEPARATE SHEET FOR EACH EVENT -**

3. Date Event Was Held  <u>02/05/08</u>	4. Number of Individuals Attending or Participating (whichever is greater)  <u>25</u>	5. Type of Fund Raising Activity  <u>Cocktail Party</u>	6. Address and Name (If any) of the place where the activity was held.  <u>Gatsby's</u> <u>203 Center Ave.</u> <u>Bay City, MI 48708</u> <input type="checkbox"/> Private Residence
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7. Total Contributions \$290.00

8. Other Receipts \_\_\_\_\_

9. Gross Receipts (Add lines 7 and 8) \$290.00

10. Total Cost of Event \$172.25  
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.



**FUND RAISER SCHEDULE 1F  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 14074  
2. Committee Name Tom Hickner for County Executive

**- USE A SEPARATE SHEET FOR EACH EVENT -**

3. Date Event Was Held  <u>03/13/08</u>	4. Number of Individuals Attending or Participating (whichever is greater)  <u>126</u>	5. Type of Fund Raising Activity  <u>COCKTAIL PARTY</u>	6. Address and Name (if any) of the place where the activity was held.  <u>STEIN HAUS</u> <u>1108 N WATER ST</u> <u>BAY CITY MI 48708</u> <input type="checkbox"/> Private Residence
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7. Total Contributions \$7,890.00  
8. Other Receipts \_\_\_\_\_  
9. Gross Receipts (Add lines 7 and 8) \$7,890.00  
10. Total Cost of Event \$2,296.05  
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.